

Book Reviews

Concise Vascular Surgery

C. W. Jamieson, J. S. T. Yao, Au/Eds.

Arnold, 1999.

339 pages, price £60.00.

Concise Vascular Surgery is a multi-author book, which attempts to describe in detail and step by step the "broad scope of vascular surgeon's art". It is aimed at vascular surgeons in training, and to a great variety of other specialists, such as general, trauma, and orthopaedic surgeons who encounter occasional vascular problems during emergency or elective surgery. The book covers almost all the classical vascular techniques, except the endovascular ones. Each chapter contains many self-explanatory black and white drawings. On the whole, the book is clear, agreeable to read, and informative.

The book is divided in three parts, which include general techniques, management of arterial disease and management of venous disorders. In the general techniques part, I found the chapter devoted to angiography particularly interesting, as it provides much detail concerning catheters, dose and rate of contrast medium. The chapter on the exposure of major blood vessels is also comprehensive, concise and not too schematic. The general principles of arterial suturing and endarterectomy are also well described. The second part presents all major operations on arteries including carotid endarterectomy, aortoiliac repair for occlusive disease and aneurysm, mesenteric and coeliac arterial occlusion, infrainguinal revascularisations, trauma, amputation, fasciotomy and sympathectomy. The section on the management of venous disorders describes surgery for varicose veins and for venous ulcers. All the steps of most operations are presented in detail, and, although some variation in operative techniques may occasionally be missing, the reader is provided with the information needed in specific situations.

Some chapters are not covered, such as carotid or great-vessel bypasses, vertebral surgery, femoropodal bypass, renal reconstruction, first-rib resection, redo surgery for occluded grafts or infection and reconstruction of the deep veins. I presume the authors have rightly considered that these operations are tasks

for vascular specialists rather than for trainees or general surgeons.

The indexing is pertinent and clear. References are scarce, the general focus of the book being towards techniques. This book is worth purchasing by the target group, and also by academic vascular and general surgeons who have the responsibility for trainees.

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The Evidence for Vascular Surgery

J. J. Earnshaw and J. A. Murie, Eds.

TFM Publishing Ltd.

210 pages, price £37.50.

This book is the outcome of a meeting of the Joint Vascular Research Group (JVRG) held in June 1999 and consists of 31 chapters by 33 consultant authors and 14 Registrar co-authors. It aims to provide "a mature and even-handed reflection on the current evidence for vascular surgical practice" with "no room for the blinkered over-enthusiast ploughing his or her favourite furrow". (It then proceeds with Peter Gaines and Ross Naylor arguing for and against carotid angioplasty, although both seem excellent chapters)!

The title is a little misleading, implying a definitive, all-encompassing resumé of *the* evidence for vascular surgery, and I was surprised to find nothing, for example, on aortoiliac disease, amputation, popliteal aneurysms, or thoracic outlet syndrome. However, most of vascular surgery is covered at some stage in the book, with particular emphasis on carotid endarterectomy, intermittent claudication, acute and critical limb ischaemia, aortic aneurysms, varicose veins and venous ulceration. There are also chapters on renal revascularisation, graft infection, shunting in complex vascular trauma, and non-surgical factors which affect surgical outcome. It finishes with a

sagacious overview of the medico-legal implications associated with evidence-based medicine.

The style throughout is invariably that of a personal rather than systematic review, with no defined search strategies or meta-analyses. Inevitably, with a large number of authors, and indeed subjects, the depth of review and use of figures and tables varies, but this rarely detracts from the overall quality of the writing, which was uniformly high. The chapters on improving the patency of femorodistal bypass and the management of venous ulceration were particularly good. Most chapters end with a boxed summary of points for which there is "sound evidence" and those for which "more evidence is needed". These are not helped by the use of a uniform bold typeface, which is very uneasy on the eye, but they are a useful summary of what has been established and what further work is required. Occasionally, a statement of accepted wisdom creeps in here that has not been substantiated by a critical appraisal of the evidence in the chapter. For example, evidence is discussed for the firm conclusion in Chapter 9 on the superiority of a distal bypass over primary amputation for critical limb ischaemia. This lack of evidence is put into context by the excellent discussion of quality-of-life issues two chapters later. The "evidence for endovascular aneurysm repair" chapter provides only three references, despite making four statements for which there was felt to be sound evidence. However, these are rare exceptions, and most chapters are well researched and referenced. Highlighting the randomised trials in bold at the end seems a nice touch.

The liberal use of cartoons is an odd choice in a book with such lofty aims and in my view was a little irritating. But the layout is clear, with none of the chapters too long, making it an easy read. Minor gripes aside, I thought that most trainee vascular surgeons, as well as the few consultants who have not contributed to it, would find it useful! It probably is not comprehensive enough to be used on its own as a revision textbook and not detailed or thorough enough in parts for those wanting a Cochrane-like review of the subjects covered. It does, however, contain a lot of useful information and, on balance, succeeds in meeting its aims of providing an up-to-date reflection on the current evidence for much of vascular surgical practice. As textbooks go, it is reasonably priced at £37.50 and, if you are looking for important new research ideas, it would be well worth persuading your trainer to buy it for you.

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available online at <http://www.idealibrary.com> on **IDEAL**[®]

Vascular Disorders of the Upper Extremity (Third Edition)

H. I. Machleder, Ed.

Futuro Publishing, New York.

\$98.00

It is ten years since the last edition of Dr. Machleder's textbook. The editor has a major interest in the treatment of thoracic outlet syndrome and as such his practice, like our own, has altered to include the treatment of patients with a broad spectrum of cervicobrachial pain. As a result he places a heavy emphasis on the thoracic outlet itself, as well as a useful section on "cumulative trauma disorder". This difficult and contentious area seems a medicolegal minefield and the book is a useful reference source, with emphasis on the conservative management of these challenging patients.

The initial section of the book is more conventional, with an excellent section on clinical evaluation and a superb chapter on the non-invasive evaluation of upper-limb investigation, written by David Sumner. Vascular radiologists will be a little disappointed by the radiology chapter, which has poor illustrations, little endovascular innovation and no new data, as the latest reference is dated 1995.

The section on compression syndromes is a treasure chest for those interested in thoracic outlet syndrome but with a highly interventional North American approach. Arterial and venous compression syndromes are covered well, with clear management recommendations. The aggressive multimodal staged approach to the treatment of axillo-subclavian thrombosis is certainly justified for younger patients, but a more conservative approach would be appropriate for many of our more sedentary patients. Clavicular division, regurgitated from a 1988 publication, is seldom advised, due to problems of non-healing and pain. Limited sternotomy into the second intercostal space is a much better option for access to the proximal vessels.

David Roos describes his surgical approach to the thoracic outlet beautifully – but fails to mention his mechanical support for the patient's arm which has obviated the need for a muscle-bound second assistant. Roos' warning that this surgery should only be undertaken by expert surgeons flows seamlessly into the following excellent chapter, which is dedicated to the treatment of intractable pain – *caveat emptor!*

A useful and well-illustrated section on vascular malformations emphasises the role of MRI and catheter-directed therapy. A *tour de force* of a "chapter"